Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a yelld OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docked Number Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN · (Column 1) SMALL ENTITY (Column 2) OR SMALL ENTITY FOR HUMBER FLED NUMBER EXTRA RATE (1) FEE (\$) RATE (\$) BASIC FEE FEE (1) N/A . N/A 137 CFR 1.16(a), (b), or (c)) 150.00 NA 300.00 SEARCH FEE · N/A NA. (3) CFR 1 16(14, (4; or (m)) \$250 N/A \$500 EXAMINATION FEE NA (3) CFR 1.16(a), (p), or (a) N/A N/A \$100 \$200 TOTAL CLAMS X\$ 25 .. P7 OFR 1.16(8) minus 20 « X\$50 OR INDEPENDENT CLAIMS (37 OFR 1.16(N) X100 ⇒ E sudm X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CPR 1.16(e)) additional 60 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(D) +180= +360= "If the difference in column 1 is tess than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OTHER THAN OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT. RATE (1) ADDI-RATE (S) AFTER PREVIOUSLY PAID FOR **EXTRA** ADOL TIONAL MENOMENT FEE (1) FEE (\$) DI CLE FIGH Minus X\$ 25 X\$50 OR Independent GTCFR LIGHT Minus 2 X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (57 CFR 1.180) +180= · +360= OR TOTAL TOTAL ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING 8 NUMBER PRESENT RATE (5) ADDI-RATE (\$) AFTER PREVIOUSLY EXTRA ADDI-AMENDMENT TIONAL FEE (1) PAID FOR TIONAL ũ Total OF CFR 1.16(1) 20 FEE (T) Minus X\$ 25 X\$50 OR ۰. Independent DT OFR LIGAD Minus X100 X200. OR 400 Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL. TOTAL OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to completed including gathering, preparing, and submitting the completed application form to the USPTO. Three will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

**ODRESS.SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450. ADD'L FEE ADO'L FEE